

IN THE CIRCUIT COURT FOR _____
(City or County)

CIVIL - DOMESTIC CASE INFORMATION REPORT

DIRECTIONS

Plaintiff: This Information Report must be completed and attached to the complaint filed with the Clerk of Court unless your case is exempted from the requirement by the Chief Judge of the Court of Appeals pursuant to Rule 2-111(a).

Defendant: You must file an Information Report as required by Rule 2-323(h).

THIS INFORMATION REPORT CANNOT BE ACCEPTED AS A PLEADING

FORM FILED BY: ☐ PLAINTIFF ☐ DEFENDANT **CASE NUMBER** _____
(Clerk to insert)

CASE NAME: _____ vs. _____
Plaintiff Defendant

PARTY'S NAME: _____

PARTY'S ADDRESS: _____

If represented by an attorney:

PARTY'S ATTORNEY'S NAME: _____ **PHONE:** _____
(Daytime phone)

PARTY'S ATTORNEY'S ADDRESS: _____

RELATED CASE PENDING? ☐ Yes ☐ No If yes, Case #(s), if known: _____

PLEADING TYPE

New Case: ☐ Original

Existing Case: ☐ Post-Judgment ☐ Amendment

If filing in an existing case, skip Case Category/ Subcategory section - go to Issues section.

IF NEW CASE: CASE CATEGORY/SUBCATEGORY (Check one box.)

Domestic Family

- ☐ Alimony/Spousal Support
- ☐ Annulment
- ☐ Breach
- ☐ Child Support - Private
- ☐ Custody
- ☐ Divorce
- ☐ Emancipation
- ☐ Enforce Foreign Order
- ☐ Family Legal/Medical
- ☐ Paternity/Parentage
- ☐ Recognition as Legal Child
- ☐ Visitation

Agency/IV-D

- ☐ Child Support
- ☐ Paternity/Parentage
- ☐ UIFSA

Adoption

- ☐ Adoption - Independent
- ☐ Adoption - Private Agency

Change of Name

- ☐ Change of Name
 - ☐ Adult
 - ☐ Minor

Guardianship

- ☐ Guardianship of Adult Person and/or Property
- ☐ Guardianship of Minor Person and/or Property

Independent Proceedings

- ☐ Amend Birth Certificate
- ☐ Change of Sex
- ☐ Correct Death Certificate
- ☐ Declare Deceased
- ☐ Dispose Body
- ☐ Amend Marriage Certificate

IF NEW OR EXISTING CASE: ISSUES (Check All that Apply)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Change of Name <ul style="list-style-type: none"><input type="checkbox"/> Adult<input type="checkbox"/> Minor | <input type="checkbox"/> Earnings Withholding | <input type="checkbox"/> Pension Distribution |
| <input type="checkbox"/> Alimony/Spousal Support <ul style="list-style-type: none"><input type="checkbox"/> Permanent<input type="checkbox"/> Rehabilitative | <input type="checkbox"/> Change of Sex | <input type="checkbox"/> Emancipation | <input type="checkbox"/> Property Distribution |
| <input type="checkbox"/> Amend Birth Certificate | <input type="checkbox"/> Child Support | <input type="checkbox"/> Enforcement | <input type="checkbox"/> Protective Order |
| <input type="checkbox"/> Amend Death Certificate | <input type="checkbox"/> Contempt | <input type="checkbox"/> Exceptions | <input type="checkbox"/> Register Foreign Order |
| <input type="checkbox"/> Amend Marriage Certificate | <input type="checkbox"/> Court Costs/Fees | <input type="checkbox"/> Family Legal/Medical | <input type="checkbox"/> Restore Former Name |
| <input type="checkbox"/> Annulment | <input type="checkbox"/> Custody | <input type="checkbox"/> Gdnshp of Adult <ul style="list-style-type: none"><input type="checkbox"/> Person<input type="checkbox"/> Property | <input type="checkbox"/> Termination of Gdnshp |
| <input type="checkbox"/> Asset Determination | <input type="checkbox"/> Declare Deceased | <input type="checkbox"/> Gdnshp of Minor <ul style="list-style-type: none"><input type="checkbox"/> Person<input type="checkbox"/> Property | <input type="checkbox"/> Transaction Review |
| <input type="checkbox"/> Change of Name <ul style="list-style-type: none"><input type="checkbox"/> Adult<input type="checkbox"/> Minor | <input type="checkbox"/> Dispose Body | <input type="checkbox"/> Paternity/Parentage | <input type="checkbox"/> Use and Possession |
| | <input type="checkbox"/> Divorce - Absolute | | <input type="checkbox"/> Visitation |
| | <input type="checkbox"/> Divorce - Limited | | |

ALTERNATIVE DISPUTE RESOLUTION INFORMATION	
<p>Is this case appropriate for referral to an ADR process under Md. Rule 17-101? (Check all that apply)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>A. Mediation <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B. Arbitration <input type="checkbox"/> Yes <input type="checkbox"/> No</p> </div> <div style="width: 45%;"> <p>C. Settlement Conference <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>D. Neutral Evaluation <input type="checkbox"/> Yes <input type="checkbox"/> No</p> </div> </div> <p>If no, explain why: _____</p>	
SPECIAL REQUIREMENTS	
<p><input type="checkbox"/> Spoken Language Interpreter - Attach form CC-DC-041</p> <p><input type="checkbox"/> If you require an accommodation for a disability under the Americans with Disabilities Act - Attach form CC-DC-049</p>	
ESTIMATED LENGTH OF HEARING	
<p><i>(Case will be tracked accordingly.)</i></p>	
<p>Time estimate for a Merits Hearing: _____ Hours _____ Days</p> <p>Time estimate for hearing other than a Merits Hearing: _____ Hours _____ Days</p>	
OTHER MATTERS	
<p>Is this case contested? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there an allegation of physical or sexual abuse of party or child? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>For non-custody/visitation issues, do you intend to request: (check as appropriate).</p> <div style="margin-left: 20px;"> <p><input type="checkbox"/> Court-appointed expert (name field) _____</p> <p><input type="checkbox"/> Mediation</p> <p><input type="checkbox"/> Other: _____</p> </div> <p>For custody/visitation issues, do you intend to request any of the following (check as appropriate):.</p> <div style="margin-left: 20px;"> <p><input type="checkbox"/> Mediation</p> <p><input type="checkbox"/> Appointment of counsel to represent child (not just to waive psychiatric privilege)</p> <p><input type="checkbox"/> Evaluation by mental health professional</p> <p><input type="checkbox"/> Other Evaluation _____</p> </div>	

Signature of Counsel/Party

Date

Print Name

Street Address

City/State/Zip